

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15052

FILED APR 20 1953

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| BIRTH NO. | | REG. DIST. NO. 227 | | PRIMARY REG. DIST. NO. 5804 | | Registrar's No. 16 | |
| 1. PLACE OF DEATH a. COUNTY MONROE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) RURAL-JACKSON TWP | | c. LENGTH OF STAY (In this place) 4 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) RURAL-JACKSON TWP | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RT. 2, PARIS | | | | d. STREET ADDRESS (If rural, give location) RT. 2, PARIS 0690 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HERSHEL | | b. (Middle) MARTIN | | c. (Last) WOODSON | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1953 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH MAY 10, 1905 | |
| 9. AGE (In years last birthday) 47 | | 10. UNDER 1 YEAR Months Days 11 | | 11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING | | 11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., Mo. | | | |
| 13a. FATHER'S NAME EDWARD L. WOODSON | | 13b. MOTHER'S MAIDEN NAME MARY E. DARST | | 14. NAME OF HUSBAND OR WIFE EDITH V. WOODSON | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 490-18-6624 | | 17. INFORMANT'S SIGNATURE OR NAME MRS. HERSHEY WOODSON, PARIS, Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 146 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 777 X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from MAY 2 1952 to 4-10 1953 , that I last saw the deceased alive on APR 8 1953 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE M. D. O. PARIS, Mo. | | | | 23b. ADDRESS PARIS, Mo. | | 23c. DATE SIGNED 4-11-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 4-12-53 | | 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM. | | 24d. LOCATION (City, town, or county) (State) PARIS, Mo. | |
| DATE REC'D BY LOCAL REG. 4-11-53 | | REGISTRAR'S SIGNATURE E. A. Barnett, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey | | ADDRESS PARIS, MISSOURI | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.